



THE ART AND SCIENCE OF GRANT WRITING **WORKSHOP**

**ARKANSAS TECH UNIVERSITY
PENDERGRAFT LIBRARY & TECHNOLOGY CENTER (3RD FLOOR)
305 WEST "Q" STREET
RUSSELLVILLE, AR**

Please complete the participant registration.

Organization Name: _____
Address/Zip Code: _____ City _____
Contact Person/Title: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____

1. Years of organization's existence _____ year(s) _____ month(s)
2. Type of organization _____ Nonprofit _____ Non profit 501 c 3
_____ Faith Based _____ CHDO _____ CDC _____ other (if other explain) _____

3. Type of service your organization provides _____

4. Organization's operating budget size (please select one):
____ \$0-\$50,000
____ \$50,001-\$100,000
____ \$100,001-\$150,000
____ \$150,001-\$200,000
____ \$200,001-\$300,000
____ \$300,001-\$500,000
____ \$500,001-+

5. Number of organization's board members _____
6. Number of organization's staff persons ____ Full-Time ____ Part-Time ____ Volunteers
7. Type of funding received ____ Public ____ Private ____ Both.
8. Type of program(s) your organization is seeking to fund? _____
- _____
- _____
- _____
- _____

**Please Note: Return registration on or before Friday May 19, 2006 to attention:
Alice Rufus HUD Little Rock Field Office, 425 West Capitol Suite 900, Little Rock,
AR 72201 or fax to 501-324-6142.**